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Bib Data Sheet

CONFIRMATION NO. 4070

SERIAL NUMBER 09/845,898	FILING DATE 04/30/2001 RULE	CLASS 606	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. 102863-2
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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/22/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance	OH	8	37	3
Verified and Acknowledged Examiner's Signature	<i>Anuradha Kannan A</i> Initials				

ADDRESS

021125

TITLE

Heart presentation device and method

FILING FEE RECEIVED 1146	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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